

In the Claims:

Please amend the claims as follows:

1. (Currently Amended) A financial management system enabling ~~an individual user a patient~~ to access and maintain healthcare records concerning encounters of ~~an individual~~ said patient with a healthcare provider organization, said encounters comprising interactions of said individual said patient with said healthcare provider organization having a financial consequence, comprising:

an acquisition processor conditioned for receiving, via electronic communication from a healthcare provider organization, information related to at least one healthcare encounter of ~~an individual user~~ said patient and including data identifying a healthcare service of said at least one healthcare encounter;

a storage processor conditioned for storing the received healthcare encounter information;

a data processor conditioned for

retrieving and processing received healthcare encounter information to provide data representing at least one record indicating a history of encounters of ~~said individual user~~ said patient with said healthcare provider organization, and

at least one of, (a) automatically initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response to ~~predetermined payment~~ instruction entered by ~~a user~~ said patient, and (b) terminating an automatically initiated payment for said healthcare service of said at least one healthcare encounter in response to ~~user~~ command by said patient; and

an output processor for processing said data representing said at least one record for output ~~in response to user command~~.

2. (Currently Amended) A system according to claim 1, including

a personal healthcare accounting controller comprising an automated interface between a healthcare provider organization information system and said acquisition processor electronically communicating provider information to the acquisition processor and conveying payment information from the financial management system back to the accounting controller and managing the subscription of healthcare provider organizations and patients to the financial management system wherein

said data processor processes said received healthcare encounter information to provide data representing at least one of, (a) a record collating encounter information for encounters subject to similar taxation treatment, (b) a record collating encounter information for encounters subject to reimbursement under a particular reimbursement plan, and (c) a record collating encounter information for encounters to be paid for by said individual user.

3. (Currently Amended) A system according to claim 2, wherein

said record collating encounter information for encounters subject to common taxation treatment collates encounter information by type of service provided to said individual user patient during an encounter, said type of service comprising at least one of, (a) a medical service, (b) a dental service, (c) an education service and (d) a dependent care related service, and (e) a flexible spending account related service.

4. (Currently Amended) A system according to claim 1, including

a display generator for initiating generation of data representing a display image presenting said encounter history information, and wherein

said data processor prompts said individual user patient to initiate payment related to an encounter indicated by said encounter history information and

said history of encounters identifies individual services of individual encounters of said individual user patient with said healthcare provider organization.

5. (Cancelled)

6. (Currently Amended) A system according to claim 4, including

said data processor prompts said individual user patient to initiate payment related to an encounter indicated by said encounter history information by at least one of, (a) electronic funds transfer, (b) credit card, and (b) a manual payment method.

7. (Currently Amended) A system according to claim 1, including
a communication processor for establishing communication with an information
system of said healthcare provider organization for acquiring said information related to said
at least one healthcare encounter of said individual user patient.

8. (Currently Amended) A system according to claim 7, wherein
said communication processor establishes communication with said information
system of said healthcare provider organization for acquiring said information related to said
at least one healthcare encounter of said individual user patient in response to at least one of,
(a) a command of said individual user patient, (b) predetermined computerized instruction
initiated by said patient to establish repetitive intermittent communication, and

said communication processor provides, to said information system, identification
information of said individual user patient together with at least one of, (i) a password of said
patient and (ii) information identifying said authorization of said individual user patient to
access said information system.

9. (Original) A system according to claim 1, including
said data processor processes said received healthcare encounter information by
automatically identifying a type of service identified in said received healthcare encounter
information by parsing said received healthcare encounter information to identify encounter
identification codes.

10. (Original) A system according to claim 9, including
said data processor uses said identified encounter identification codes to identify at
least one of, (a) a particular service and (b) a particular procedure associated with an
encounter, and

said data processor maps said identified identification code to a different code and uses
said different code in processing received healthcare encounter information.

11. (Currently Amended) A system according to claim 1, wherein
said output processor for processing processes said data representing said at least one
record for output in at least one form selected from, (a) electronic form, (b) a printed report
form, (c) a file suitable for communication via the Internet, and (d) as data representing a
display image for presentation to a user said patient.

12. (Previously Presented) A system according to claim 1, wherein

said storage processor monitors an update of said stored received healthcare encounter information by maintaining at least one of, (a) a date and (b) a time, of an update to said stored received healthcare encounter information.

13. (Currently Amended) A system according to claim 1, wherein

said received healthcare encounter information comprises at least one of, (a) an identification of a service provided during an encounter, (b) an identification of a type of patient visit comprising an encounter, (c) a date of an encounter, (d) at least a portion of financial cost of an encounter due to be paid by said individual-user patient, (e) a financial cost of an encounter, (f) an identification of an insurance company responsible for at least a portion of a financial cost of an encounter, (g) identification of a payment made by a user patient or insurance company towards cost of an encounter, and (h) an estimated reimbursement amount towards cost of an encounter.

14. (Currently Amended) A system according to claim 1, wherein

said acquisition processor receives family information comprising information concerning at least one healthcare encounter of a person related to said individual-user patient,

said data processor processes said received family information to provide data representing at least one record indicating a history of encounters of said related person.

15. (Currently Amended) A system according to claim 1, wherein

said acquisition processor receives multi-organization information identifying a plurality of encounters of said individual-user patient with multiple different organizations,

said data processor processes said received multi-organization information to provide data representing at least one record indicating a history of encounters of said individual-user patient with said multiple different organizations.

16. (Currently Amended) A system according to claim 1, wherein
said acquisition processor receives multi-organization information identifying a
plurality of encounters of said individual user patient with multiple different organizations,
said data processor processes said received multi-organization information to provide
data representing at least one of, (a) a record identifying encounters of said individual user patient
with multiple different organizations and said identified encounters subject to common
taxation treatment, (b) a record identifying encounters of said individual user patient with
multiple different organizations subject reimbursement under a particular reimbursement plan,
and (c) a record identifying encounters of said individual user patient with multiple different
organizations to be paid for by said individual user patient.

17. (Currently Amended) A system according to claim 1, wherein
said data processor processes said received healthcare encounter information to initiate
generation of a message to said individual user patient, said message comprising at least one
of, (a) an alert concerning healthcare of said individual user patient, and (b) a reminder
concerning a payment to be made concerning an encounter.

18. (Currently Amended) A financial management system for use by a healthcare provider organization supporting individual user patient access to healthcare records concerning encounters of an individual patient with a healthcare provider organization, said encounters comprising interactions of said individual patient with said healthcare provider organization having a financial consequence, comprising:

an interface processor for receiving user patient identification and authorization information for identifying authorization of said user patient to access the healthcare encounter information of said user patient;

a data processor for,

retrieving said healthcare encounter information of said identified user an authorized patient from storage and including data identifying a healthcare service of said healthcare encounter, and

formatting said retrieved healthcare encounter information and data identifying a healthcare service of said healthcare encounter of said user patient for communication to a user patient communication address, and

at least one of, (a) automatically initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response to predetermined payment instruction entered by a user said patient, and (b) terminating an automatically initiated payment for said healthcare service of said at least one healthcare encounter in response to user patient command and

a personal healthcare accounting controller for managing the subscription of healthcare provider organizations and patients to allow patient payment initiation and termination; and

a communication processor for communicating said formatted healthcare encounter information to said user patient communication address.

19. (Currently Amended) A system according to claim 18, wherein

said personal healthcare accounting controller receives healthcare provider organization information from a healthcare provider organization system, maintains a copy of the provider information for access by an authorized person, prepares the provider information to be sent to the financial management system and sends the provider information to the financial management system, wherein

said data processor initiates retrieving said healthcare encounter information in response to at least one of, (a) a received request for download of said healthcare encounter information of said user patient, and (b) predetermined computerized instruction to establish

repetitive intermittent download of said healthcare encounter information to said ~~user-patient~~ destination address.

20. (Currently Amended) A system according to claim 18, wherein
said system of claim 17 is provided as a service to a subscriber and including
a subscription processor for managing subscription of at least one of, (a) an individual
~~user-patient~~, and (b) a healthcare organization, to provide said service.

21. (Currently Amended) A system according to claim 18, wherein
said received healthcare encounter information comprises at least one of, (a) an identification of a service provided during an encounter, (b) an identification of a type of patient visit comprising an encounter, (c) a date of an encounter, (d) at least a portion of financial cost of an encounter due to be paid by said ~~individual-user patient~~, (e) a financial cost of an encounter, (f) an identification of an insurance company responsible for at least a portion of a financial cost of an encounter, (g) identification of a payment made by a ~~user patient~~ or insurance company towards cost of an encounter, and (h) an estimated reimbursement amount towards cost of an encounter.

22. (Original) A system according to claim 18, wherein
said healthcare provider organization comprises at least one of, (a) one or more hospitals, (b) a grouping of one or more physicians, (c) a clinic, (d) a nursing home, (e) an extended care facility, (f) a home healthcare agency, (g) a pharmacy, (h) a test laboratory, (i) a healthcare enterprise, (j) a fitness center, (k) a rehabilitation center and (l) a diagnostic testing facility.

23. (Currently Amended) A system according to claim 18, wherein
said interface processor receives notice of a payment related to an encounter performed by at least one of, (a) electronic funds transfer, (b) credit card, (c) a manual payment method and (d) an automatically initiated payment made in response to predetermined payment instruction entered by a ~~user-patient~~.

24. (Original) A system according to claim 18, wherein
said formatted healthcare encounter information includes encounter identification codes for identifying at least one of, (a) a particular service, and (b) a particular procedure associated with an encounter.

25. (Original) A system according to claim 18, wherein

said formatted healthcare encounter information includes a map for use in translating an identified identification code to a different code.

26. (Currently Amended) A method implemented by a data processing device conditioned for enabling an individual user-patient to access and maintain healthcare records concerning encounters of an individual with a healthcare provider organization, said encounters comprising interactions of said individual patient with said healthcare provider organization having a financial consequence, comprising the activities of:

employing at least one processing device for,

receiving, via electronic communication from a healthcare provider organization, information related to at least one healthcare encounter of an individual user-said patient, and including data identifying a healthcare service of said at least one healthcare encounter;

storing said received healthcare encounter information;

retrieving and processing received healthcare encounter information to provide data representing at least one record indicating a history of encounters of said individual user-patient with said healthcare provider organization, and

at least one of, (a) automatically initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response to predetermined payment instruction entered by a-user said patient, and (b) terminating an automatically initiated payment for said healthcare service of said at least one healthcare encounter in response to user-command by said patient; and

processing said data representing said at least one record for output; in response to user-command and

managing the subscription of healthcare provider organizations and patients to allow patient payment initiation and termination.

27. (Currently Amended) A method implemented by a data processing device conditioned for use by a healthcare provider organization supporting individual user-patient access to healthcare records concerning encounters of an individual patient with a healthcare provider organization, said encounters comprising interactions of said individual patient with said healthcare provider organization having a financial consequence, comprising the activities of:

employing at least one processing device for,

receiving user-patient identification and authorization information;

identifying authorization of said user-patient to access the healthcare encounter information of said user-patient;

retrieving said healthcare encounter information of said identified user an authorized patient from storage and including data identifying a healthcare service of said healthcare encounter;

formatting said retrieved healthcare encounter information and data identifying a healthcare service of said healthcare encounter of said user-patient for communication to a user-patient communication address;

automatically-initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response to predetermined payment instruction entered by a user-said-patient;

terminating an automatically initiated payment for said healthcare service of said at least one healthcare encounter in response to user-patient command; and—

initiating communication of said formatted healthcare encounter information to said user-patient communication address; and

managing the subscription of healthcare provider organizations and patients to allow patient payment initiation and termination.